

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
03-17

2. STATE:
Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
June 6, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

Sections 1905(a)(19) & 1915(g) of the Act
42 CFR §447.201(b)

7. FEDERAL BUDGET IMPACT:

a. FFY '03 \$0
b. FFY '04 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Supp. 1b, pp. 1-5
Attachment 3.1-B, Supp. 1b, pp. 1-5
Attachment 4.19-B, p. 59

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A, Supp. 1b, pp. 1-4
Attachment 3.1-B, Supp. 1b, pp. 1-4
Attachment 4.19-B, page 59

10. SUBJECT OF AMENDMENT:

Relocation Service Coordination Services (Case Management Services)

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

// Mary B. Kennedy - signature //

16. RETURN TO:

Stephanie Schwartz
Federal Relations Unit
Minnesota Department of Human Services
444 Lafayette Road No.
St. Paul, MN 55155-3852

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED: June 30, 2003

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 30, 2003

18. DATE APPROVED: 2/9/04

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

June 6, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator

Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

JUN 30 2003

DMCH - M/M/...

STATE: MINNESOTA Supplement 1b to ATTACHMENT 3.1-A
Effective: June 6, 2003 Page 1
TN: 03-17
Approved: FEB 6 2004
Supersedes: 02-04

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: MINNESOTA

RELOCATION SERVICE COORDINATION SERVICES

A. Target Group (section 1915(g) of the Act):

Relocation service coordination services are provided to recipients residing in inpatient hospitals, nursing facilities, and intermediate care facilities for persons with mental retardation (ICFs/MR) who choose to move from an institution to the community.

B. Areas of the State in which services will be provided:

X Entire state.

_____ Only in the following geographic areas (authority section 1915(g)(1) of the Act is invoked to provide services less than statewide):

C. Comparability of services:

X Services are provided in accordance with section 1902(a)(10)(B) of the Act.

_____ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of services:

Relocation service coordination services are activities that are coordinated on an individual client basis and are designed to help recipients residing in institutions to gain access to needed medical, social, educational, financial, housing and other services and supports necessary to meet their needs in moving from an institution to the community.

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Supersedes: 02-04

D. Definition of services: (continued)

Relocation service coordination services include:

1. assessment of a recipient's need for medical, social, educational, financial, housing, and other services and supports;
2. development, completion, and regular review of a written individual service plan designed to help a recipient access medical, social, educational, financial, housing, and other related services and supports;
3. routine communication with the recipient and the recipient's: 1) family; 2) legal representative; 3) caregivers; 4) service providers; and 5) other relevant people identified as necessary to the development or implementation of the goals of the individual service plan;
4. coordinating referrals for, and the provision of, case management services for the recipient with appropriate service providers;
5. coordinating and monitoring the overall service delivery to ensure quality of services, appropriateness, and continued need;
6. completing and maintaining necessary documentation supporting and verifying relocation service coordination activities;
7. travel to meet with the recipient or other relevant person necessary to develop or implement the goals of the individual service plan; and
8. coordinating with the institution discharge planner in the 180-day period before the recipient's discharge.

The above components of relocation service coordination must fall with the following parameters to be eligible for medical assistance payment:

1. Payment for services is limited to the last 180 consecutive days before discharge.

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D. Definition of services: (continued)

2. Case management services will not duplicate those provided as part of the institution's discharge plan.

E. Qualifications of providers:

A provider of relocation service coordination services must be an enrolled medical assistance provider and:

1. a local social services agency;
2. a facility of the Indian Health Service;
3. a facility owned or operated by a tribe or tribal organization and funded by Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title V of the Indian Self-Determination and Education Assistance Act, P.L. 106-260 (~~formerly Title III of P.L. 93-638~~), operating as a 638 facility; ~~or~~
4. an entity under contract with the local social services agency, a facility of the Indian Health Service, or a 638 facility; or
5. a private vendor.

Case managers must meet the following standards:

1. demonstrated capacity and case management experience in providing the components of case management to coordinate and link community resources;
2. administrative capacity and case management experience in serving the target population for whom ~~it will~~ provide services will be provided;
3. administrative capacity to ensure quality of services in accordance with federal and state requirements;

4. except for private vendors, legal authority to provide complete investigative, protective, foster care placement and related child welfare administrative services, or the ability to provide one or more of these activities through contract with the county or tribal social services

E. Qualifications of providers: (continued)

5. a financial management system providing accurate documentation of services and costs; and
6. capacity to document and maintain individual case records in accordance with federal and state requirements.

A provider of mental health targeted case management under Supplement 1 may provide relocation service coordination services.

F. Freedom of choice:

The State assures that the provision of relocation service coordination services will not restrict a recipient's freedom of choice of provider in violation of section 1902(a)(23) of the Act.

1. An eligible recipient will have free choice of the providers of targeted case management services.
2. An eligible recipient will have free choice of the providers of other medical care under the State plan.

G. Payment:

Payment for relocation service coordination management services under the State plan does not duplicate payment made to public agencies or private entities under other program authorities for this same purpose.

1. Medicaid services that are otherwise eligible for payment on a separate schedule under rules of the Department are not eligible for payment as case management services.
2. Persons receiving mental health targeted case management services under Supplement 1 are not eligible to receive the case management services described in this supplement for that month.

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E. Payment: (continued)

3. Persons receiving case management services under Supplement 1c are not eligible to receive the case management services described in this supplement for that month.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: MINNESOTA

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D. Definition of services: (continued)

Relocation service coordination services include:

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2. development, completion, and regular review of a written individual service plan designed to help a recipient access medical, social, educational, financial, housing, and other related services and supports;
3. routine communication with the recipient and the recipient's: 1) family; 2) legal representative; 3) caregivers; 4) service providers; and 5) other relevant people identified as necessary to the development or implementation of the goals of the individual service plan;
4. coordinating referrals for, and the provision of, case management services for the recipient with appropriate service providers;
5. coordinating and monitoring the overall service delivery to ensure quality of services, appropriateness, and continued need;
6. completing and maintaining necessary documentation supporting and verifying relocation service coordination activities;
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